

Case Number:	CM14-0083092		
Date Assigned:	07/21/2014	Date of Injury:	11/05/2002
Decision Date:	09/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female who reported ongoing right shoulder and neck pain on 11/05/02. An agreed medical evaluation (AME) on 06/16/09 indicated the injured worker complaining of pain radiating into the right upper extremity. The injured worker also reported numbness and tingling and coldness in the right index and long fingers. The injured worker underwent total knee replacement in 2009. A clinical note dated 07/26/13 indicated the injured worker complaining of ongoing neck pain. The injured worker was utilizing spinal cord stimulator with some benefit. The injured worker reported ongoing neck pain with frequent headaches. Pain radiated into the right upper extremity with numbness and tingling. A clinical note dated 11/27/13 indicated the injured worker complaining of dystonia type symptoms. The injured worker reported difficulty speaking and swallowing liquids and solids. The injured worker previously underwent Neurontin, Lyrica, Xanax, Zoloft, Fioricet, and oxycontin. Upon exam tenderness was identified at the cervical musculature. No strength deficits were identified in the upper extremities. A clinical note dated 12/02/13 indicated the injured worker utilizing Topamax. A clinical note dated 03/04/14 indicated the injured worker continued with 8/10 neck pain. The injured worker continued with complaints of dystonia type symptoms involving her vocal cords.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topamax 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

Decision rationale: Studies of Topamax have shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. However, no information was submitted regarding any objective evidence confirming the efficacy of this medication for this injured worker. Given this factor, the request is not indicated.